PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885
E and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further c	orrespondence including ted below or directed oth	the Patent, adv	ance orders a	and notificati	on of maintena	nce fees will be mailed to th	e current correspondence address uting a separate "FEE ADDRESS"
25006 GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Dx 7021 Troy, Michigan 48007-7021					Note: A centificate of mailing can only be used for domestic mailings of the Fe(s) Tanamital This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission Increby certify that this Fe(s) Transmital Is being deposited with the United States Potal Service with sufficient possage for first class mall in an envelope addrassed to the Mail Stop ISSUE FEE address above, or being facisimile transmitted to the USFI (OSFI) 277-287.		
					(Depositor's name)		
							(Signature)
APPLICATION NO.	FIRST NAMED INVENTOR		OD .	ATTORNEY DOCKET N	(Date) O. CONFIRMATION NO.		
10/597,469	FILING DATE 09/12/2006	Raul Bosco			OK	PNS-12002/01	1604
TITLE OF INVENTION: SUCTION SYSTEM FOR A REFRIGERATION COMPRESSOR							
APPLN. TYPE	SMALL ENTITY	ISSUE	ISSUE FEE		ATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00			00.00	\$1,810.00	05/10/2011
EXAMINER		ART UNIT			SUBCLASS		
P. Hamo 37 1. Change of correspondence address or indication of "Fee			-		7-312 ent front page, I		Krass, Sprinkle, Anderson &
Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent atomeyes or agencis CR alternative). (2) the name of a single firm flustring as a member 2 a registered utoney or agent and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recondation as set forth in 37 CFR 3.11. Completion of this form its NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE Whitpool S.A. Whitpool S.A. Sao Paulo-Sp, Brazil Please check the appropriate assignee category or categories (will not be printed on the patent): In advishoul X Corporation or other private group entity Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
X Issue Fee							
X Publication Fee (No small entity discount permitted) X Payment by credit card. Form PTO-2038 is attached.							
Advance Order			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number				
5. Change in Entity St	atus (from status indicate	d above)		_			
a. Applicant clai	ims SMALL ENTITY sta	tus. See 37 CF	R 1.27.	b. Applic	ant is no longer	r claiming SMALL ENTITY	status. See 37 CFR 1.27(g)(2).
	Publication Fee (if require	d) will not be a	ccepted from a			viously paid issue fee to the ap nt; a registered attorney or age	plication identified above. int; or the assignee or other party in
Authorized Signatur	re	/Ernest	I. Gifford/			Date	May 9, 2011

Typed or printed name

Ernest I. Gifford

Registration No.

20,644